

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033263

STATE FILE NUMBER

Registration District No.

294

Primary Registration District No.

3052

Registrar's No.

193

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly, Mo.</u>		c. CITY OR TOWN <u>Madison</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>307 N. Jefferson</u>	
3. NAME OF DECEASED (Type or print) <u>Anthony LOPEZ Snidow</u>		4. DATE OF DEATH Month <u>August</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-4-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Livestock</u>	
11a. FATHER'S NAME <u>Christian Columbus Snidow</u>		11b. MOTHER'S MAIDEN NAME <u>Ellen Farrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Charles Snidow</u>		Address <u>Fort Smith, Ark.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>August 17, 1963</u> to <u>August 19, 1963</u> and last saw him alive on <u>August 19, 1963</u> Death occurred at <u>10:20</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence C. Cohrs, M.D.</u>		22b. ADDRESS <u>317 Virginia Ave. Moberly, Missouri</u>	
22c. DATE SIGNED <u>8/19/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-21-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Madison, Mo.</u>			
24. FUNERAL DIRECTOR <u>Thompson-Mackler</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 20-1963</u>	
ADDRESS <u>Madison, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>W. H. White</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0887

2 0690

3 2

4 0

5 2

6

7 0

8 0

9 4200

10

11

12 5-0

13 3-0

Received 5-20-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.